Receipt 1 (top)

CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7009 0080 0001 3692 7420

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$ 48
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 648

Postmark Here — MAR 19 2015 — CAPITOL SYSTEM MADISON USPS

Sent To: Joseph A Pickart
Street, Apt or PO Box: Whyte Hirschboeck Dudek S.C.
City, State: 555 E. Wells St., Suite 1900
Milwaukee, WI 53202-3819

PS Form

PS Form 3811, February 2004   Domestic Return Receipt   102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X _E. Koehler_ ☐ Agent ☐ Addressee

B. Received by (Printed Name)   C. Date of Delivery: 3/23/15

D. Is delivery address different from item 1? ☐ Yes
   If YES, enter delivery address below: ☐ No

1. Article Addressed to:

Joseph A Pickart
Whyte Hirschboeck Dudek S.C.
555 E. Wells St., Suite 1900
Milwaukee, WI 53202-3819

3. Service Type
☐ Certified Mail   ☐ Express Mail
☐ Registered   ☐ Return Receipt for Merchandise
☐ Insured Mail   ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)   ☐ Yes

2. Article Number (Transfer from service label)   7009 0080 0001 3692 7420

Receipt 2 (bottom)

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7009 0080 0001 3692 7413

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$ 48
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 648

Postmark Here — MAR 2015 — STATION MADISON

Sent To: NES EQUIPMENT SERVICES
Street, or PO: 8770 W. BRYN MAWR AVE.
City, S: CHICAGO, IL 60631

PS Form

PS Form 3811, February 2004   Domestic Return Receipt   102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X _CeMay_ ☐ Agent ☐ Addressee

B. Received by (Printed Name): _CeMay_   C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
   If YES, enter delivery address below: ☐ No

1. Article Addressed to:

NES EQUIPMENT SERVICES
8770 W. BRYN MAWR AVE.
CHICAGO, IL 60631

3. Service Type
☐ Certified Mail   ☐ Express Mail
☐ Registered   ☐ Return Receipt for Merchandise
☐ Insured Mail   ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)   ☐ Yes

2. Article Number (Transfer from service label)   7009 0080 0001 3692 7413